

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
HEALTH SERVICES ADMINISTRATION
COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES**

**CHAPTER 1200-14-1
COMMUNICABLE AND ENVIRONMENTAL DISEASES**

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1200-14-1-.01 DEFINITION OF TERMS.

- (1) For the purpose of these regulations the terms used herein are defined as follows:
- (a) **Approved Laboratory** - A laboratory currently licensed by the Tennessee Department of Health and Environment. Also applies to an out-of-state laboratory currently licensed by an appropriate state or federal regulatory agency.
 - (b) **Blood Lead Test** - Any test performed to measure the quantity of lead present in a sample of blood.
 - (c) **Carrier** - A person who harbors, or who the Commissioner, health officer, or designee reasonably believes harbors, a specific pathogenic organism and who is potentially capable of spreading the organism to others, whether or not there are presently discernible signs and symptoms of the disease.
 - (d) **Cleaning** - The removal from surfaces by scrubbing and washing (as with hot water, combined with soap, detergents, or peroxide, for example) of infectious agents and organic matter on which and in which infectious agents may find favorable conditions for prolonging life and virulence.

(Rule 1200-14-1-.01, continued)

- (e) Commissioner - All references to the Commissioner in these regulations shall refer to the Commissioner of the Tennessee Department of Health or his designated representative.
- (f) Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or animal, or through the agency of an intermediate animal host, vector, or inanimate environment.
- (g) Contact - Any person or animal known to have been in such association with a person or animal reasonably suspected of being infected with a disease-causing agent as to have had the opportunity of acquiring the infection.
- (h) Contamination - The presence of a pathogenic agent on a body surface on or in an inanimate article or substance.
- (i) Cultures or Specimens - Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease.
- (j) Department - All references to the Department in these regulations shall refer to the Tennessee Department of Health.
- (k) Disinfection - The destruction of pathogenic agents by chemical or physical means directly applied.
 - 1. Concurrent disinfection is the application of disinfection as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being prevented prior to such disinfection.
 - 2. Terminal disinfection indicates the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others, after the patient has been removed, or has ceased to be a source of infection, or after isolation practices have been discontinued.
- (l) Disinfestation - Any physical or chemical-process by which undesired animal forms, especially arthropods or rodents, present upon the person, the clothing, or in the environment of an individual or on domestic animals, may be destroyed upon the person, his clothing, upon the animal or in the environment of the person.
- (m) Epidemic (or Disease Outbreak) - The occurrence in a community or region of one or more cases of illness that is in excess of normal expectancy.
- (n) Foodborne Disease Outbreak - An epidemic caused by ingestion of food containing harmful substances such as microorganisms, toxins, chemicals, etc.
- (o) Fumigation - Any process by which the destruction of animal forms, especially arthropods and rodents, is accomplished by the use of gaseous agents.
- (p) Immune Person - A person who possesses specific protective antibodies or cellular immunity as a result of previous infection or immunization, or is so conditioned by such previous specific experience as to respond adequately with production of antibodies sufficient in either instance to protect from illness following exposure to the etiologic agent of the disease.

(Rule 1200-14-1-.01, continued)

- (q) Inapparent or Subclinical Infection - A person or animal has an inapparent or subclinical infection when the infectious agent has so mild an effect that even though infection be present and identifiable by laboratory means, it is undetected clinically.
- (r) Incidence - The number of cases of disease, of infection, or other event occurring during a prescribed time period, in relation to the unit of population in which they occur; thus the incidence of tuberculosis expressed as a rate is the number of new cases reported per 100,000 population per year.
- (s) Incubation Period - The interval which elapses between the time of entrance of the infectious agent into the body and the appearance of the first signs or symptoms of the disease.
- (t) Infectious Agent - A viable pathogen capable of producing infection or disease.
- (u) Infected Person - Infected persons include patients or sick persons, persons with inapparent (or subclinical) infection and carriers.
- (v) Infection - The entry and development or multiplication of a particular pathogen in the body of man or animal.
- (w) Insecticide - Any chemical substance used for the destruction of arthropods, whether applied as powder, liquid, atomized liquid, aerosol, or as a paint spray with residual action.
- (x) Isolation - The separation for the period of communicability of infected persons, or persons reasonably suspected to be infected, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to other persons who are susceptible or who may spread the agent to others.
- (y) Lead Poisoned - Lead poisoned is defined as a blood lead level of 10 ug/dL or greater or a level greater than the most current level designated as the level of concern for blood lead by the U. S. Centers for Disease Control and Prevention (CDC).
- (z) Local Health Authority - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
 - 1. Local Health Director - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
 - 2. Local Health Officer - A licensed doctor of medicine or osteopathy appointed by the Commissioner to provide medical direction and medical enforcement for the local health department.
 - 3. Local Board of Health - An optional board established by local legislative bodies. The board of health may adopt local rules and regulations to protect the general health and safety of citizens. The board of health has the duty to enforce local and Departmental rules and regulations through the local health director and/or the local health officer.
- (aa) Medically Indigent Person - A person is considered to be medically indigent when such person can demonstrate to the Commissioner that he or the person legally liable for his support is unable to pay in whole or in part the charge for medical care without materially affecting their

(Rule 1200-14-1-.01, continued)

economic support or obligations or responsibilities to dependents. In making this determination, the Commissioner may require a written statement to this effect from the patient's physician, and the Commissioner may consider recommendations from a county screening committee established for the purpose of making such recommendations to the Commissioner, or a written report from a case worker of the Department of Human Services, or a social worker.

- (bb) Period of Communicability - The time during which an infectious agent may be transmitted from an infected person to others
- (cc) Personal Hygiene - Personal hygiene includes:
 - 1. Keeping the body clean by sufficiently frequent soap and water baths.
 - 2. Washing hands in soap and water immediately after elimination from bowels or bladder and always before eating.
 - 3. Keeping hands and unclean articles, or articles that have been used for toilet purposes by others, away from the mouth, nose, eyes, ears, genitalia, and wounds.
 - 4. Avoiding the use of common or unclean eating, drinking or toilet articles of any kind, such as cutlery and crockery, drinking cups, towels, handkerchiefs, combs, hairbrushes, and pipes.
 - 5. Avoiding exposure of persons to spray from the nose and mouth as in coughing, sneezing, laughing, or talking.
 - 6. Washing hands thoroughly after handling any patient or his belongings.
- (dd) Prevalence - The number of cases of disease, of infected persons, or of persons with some other attribute, present at a particular time and in relation to the size of the population from which drawn; thus the prevalence of tuberculosis is commonly expressed as the number of active cases (all forms, old and new) existing at a designated time per 100,000 cases.
- (ee) Quarantine - Limitation of freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person, cause or source of a disease may be found, for a period of time as may be necessary to confirm or establish a diagnosis, to determine the cause or source of a disease, and/or to prevent the spread of a disease. These limitations may be accomplished by placing a person in a health care facility or a supervised living situation, by restricting a person to the person's home, or by establishing some other situation appropriate under the particular circumstances.
- (ff) Reservoir of Infection - Reservoirs of infection are man, animals, insects, plants, soil, or inanimate organic matter, in which an infectious agent lives and multiplies and depends primarily for survival, reproducing itself in such manner that it can be transmitted to man.
- (gg) Sexually Transmitted Disease - A disease or infection that may be transmitted sexually, although this may not be the exclusive mode of transmission.
- (hh) Source of Infection - The person, animal, object, item, or substance from which an infectious agent passes immediately to a host.
- (ii) Susceptible - A person or animal not known to be immune to a specific disease

(Rule 1200-14-1-.01, continued)

- (jj) Suspect - A person whose medical history and symptoms suggest that he may have or be developing some communicable disease.
- (kk) Transmission of Infection - Modes of transmission are the mechanisms by which an infectious agent is transported from reservoir to susceptible human host. They are:
 - 1. Contact:
 - (i) Direct Contact: Actual touching of the infected person or animal or other reservoir of infection, as in kissing, sexual intercourse or other contiguous personal association.
 - (ii) Indirect Contact: Touching of contaminated objects such as toys, handkerchiefs, soiled clothing, bedding, surgical instruments, and dressings, with subsequent hand to mouth transfer; less commonly, transfer to abraded or intact skin or mucous membrane.
 - (iii) Droplet Spread: The projection onto the conjunctivae and the face or into the nose or mouth of the spray emanating from an infected person during sneezing, coughing, singing, or talking.
 - 2. Vehicle: Water, food, milk, biological products to include serum and plasma, or any substance or article serving as an intermediate means by which the disease-causing agent is transported from a reservoir and introduced into a susceptible host through ingestion, through inoculation or by deposit on skin or mucous membrane.
 - 3. Vector: Arthropods or other invertebrates which transmit infection by inoculation into or through the skin or mucous membrane by biting, or by deposit of infective materials on the skin or on food or other objects.
 - 4. Air Borne:
 - (i) Droplet nuclei: The inhalation of the small residues which result from evaporation of droplets and remain suspended in air or enclosed spaces for relatively long periods of time.
 - (ii) Dust: The inhalation or setting on body surfaces of coarser particles which may arise from contaminated floors, clothes, bedding or soil, and ordinarily remain suspended in the air for relatively short periods of time.
- (ll) Waterborne Disease Outbreak - An epidemic caused by ingestion of water containing harmful substances, such as microorganisms, toxins, chemicals, etc.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed July 10, 1995; effective November 28, 1995. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.02 NOTIFIABLE DISEASES.

- (1) The following diseases and conditions are declared to be communicable and/or dangerous to the public and are to be reported to the local health officer or local health department by all physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee.
- (a) Acquired Immunodeficiency Syndrome (AIDS)‡
 - (b) Anthrax**
 - (c) Botulism
 - 1. Foodborne**
 - 2. Wound *
 - 3. Infant
 - (d) Brucellosis **
 - (e) Campylobacteriosis
 - (f) Chancroid
 - (g) Chlamydia trachomatis
 - (h) Cholera
 - (i) Cyclospora
 - (j) Cryptosporidiosis
 - (k) Diphtheria*
 - (l) Disease Outbreaks*
 - 1. Foodborne
 - 2. Waterborne
 - 3. Unusual occurrence or cluster of all other diseases or syndromes
 - (m) Ehrlichiosis
 - (n) Encephalitis, Arboviral*
 - 1. California/LaCrosse Serogroup
 - 2. Eastern Equine
 - 3. St. Louis
 - 4. Venezuelan Equine**
 - 5. Western Equine
 - (o) Escherichia coli 0157:H7
 - (p) Giardiasis (acute)
 - (q) Gonorrhea
 - (r) Group A Streptococcal Invasive Disease *
 - (s) Group B Streptococcal Invasive Disease *
 - (t) Haemophilus Influenzae Invasive Disease*
 - (u) Hantavirus Disease*
 - (v) Hemolytic Uremic Syndrome (HUS)
 - (w) Hepatitis, Viral
 - 1. Type A (acute) *
 - 2. Type B (acute)
 - 3. BsAg positive pregnant female
 - 4. Type C (Acute)
 - (x) Human Immunodeficiency Virus (HIV)‡
 - (y) Influenza - number of cases (weekly)
 - (z) Lead Levels (blood)+
 - (aa) Legionellosis
 - (bb) Leprosy (Hansen Disease)
 - (cc) Listeriosis*
 - (dd) Lyme Disease
 - (ee) Malaria
 - (ff) Measles*
 - (gg) Meningococcal Disease*

(Rule 1200-14-1-.02, continued)

- (hh) Meningitis - Other Bacterial*
- (ii) Mumps*
- (jj) Pertussis (Whooping Cough)*
- (kk) Plague **
- (ll) Poliomyelitis*
- (mm) Prion disease (Creutzfeldt Jakob Disease, variant CJD, other)
- (nn) Psittacosis
- (oo) Q Fever**
- (pp) Rabies
 - 1. Human*
 - 2. Animal
- (qq) Ricin Poisoning **
- (rr) Rocky Mountain Spotted Fever
- (ss) Rubella and Congenital Rubella Syndrome*
- (tt) Salmonellosis
 - 1. Typhoid Fever*
 - 2. Other forms
- (uu) Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV) disease*
- (vv) Shiga-like Toxin positive stool
- (ww) Shigellosis
- (xx) Smallpox **
- (yy) Staphylococcal Enterotoxin B Pulmonary Poisoning **
- (zz) Streptococcus pneumoniae Invasive Disease
 - 1. Penicillin resistant
 - 2. Penicillin sensitive
- (aaa) Syphilis
- (bbb) Tetanus
- (ccc) Toxic Shock Syndrome
 - 1. Staphylococcal
 - 2. Streptococcal
- (ddd) Trichinosis
- (eee) Active Tuberculosis, all forms*
- (fff) Tularemia**
- (ggg) Vancomycin Resistant Enterococci (VRE)
- (hhh) Varicella deaths
- (iii) Vibrio infections
- (jjj) Viral Hemorrhagic Fever **
- (kkk) West Nile virus infections*
- (lll) Yellow Fever
- (mmm) Yersiniosis

* = Immediate telephonic reporting required followed by a written report

** = Possible bioterrorism indicator; Immediate telephonic reporting required followed by a written report.

‡ = Requires special confidential reporting to designated health department personnel

+ = Laboratories required to report all blood lead test results and physicians required to report patient information from results ≥ 10 ug/dl in accordance with 1200-14-1-.42.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed July 10, 1995; effective November 28, 1995. Amendment filed December 19, 1998; effective April 30, 1998. Amendment filed March 31, 2000; effective June 14, 2000. Amendment filed August 29, 2003; effective December 29, 2003. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.03 PHYSICIAN'S REPORTS.

- (1) Whenever any physician examines or treats any person known or suspected by him to be affected with any of the diseases or conditions declared to be notifiable by these regulations, he shall give notice of such disease as follows: For diseases for which immediate telephone reporting is required, he shall telephone as soon as possible and no later than twelve hours, to the local health department in the county, district or region in which such physician practices or to the Tennessee Department of Health giving the name, age, sex, race, and address of the patient and the name of the known or suspected disease or conditions.
- (2) For all of the diseases and conditions listed (including those for which telephonic communication is required), written notification using forms provided by the Department or other suitable means shall be made each week to the local health department in the county, district, or region in which the physician practices or to the Tennessee Department of Health giving the name, age, sex, race and address of the patient and the name of the known or suspected disease or condition. Influenza shall be reported weekly only by number of cases.
- (3) For diseases for which a confidential report is required, the person reporting must enclose the information in an opaque envelope for mailing and must not use a post card reporting method.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 31, 2000; effective June 14, 2000.

1200-14-1-.04 HEALTH OFFICER'S REPORT.

- (1) No later than the last working day of each week, all local health departments shall mail to the Department any reports of notifiable diseases received during the week.
- (2) Whenever a case or suspected case of a disease for which a telephone report is required and whenever a cluster or suspected cluster of a waterborne, foodborne, industry related, or other disease occurs, the local health department shall immediately report by telephone such information to the Tennessee Department of Health, Division of Communicable and Environmental Disease Services. The report shall contain the facts and circumstances related to such illnesses and conditions.
- (3) Local health departments shall report to the Regional or State Health Department changes of address of patients with active tuberculosis or AIDS on forms distributed by the Department.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 31, 2000; effective June 14, 2000.

1200-14-1-.05 REPORTS OF OTHER PERSONS.

- (1) Sections .02 and .03 are hereby made applicable to all of the following named persons who are to notify immediately the responsible local health department or the Tennessee Department of Health of the existence of any known or suspected communicable disease as herein specified.
 - (a) Administrators of Hospitals: Regulations .02 and .03 are hereby made applicable to administrators of hospitals in reference to the reporting of notifiable diseases seen in outpatient departments or hospitalized therein. Administrators of hospitals shall be equally responsible for the report of these diseases as the attending physician. Established procedures shall provide completeness of reporting while minimizing duplication.

(Rule 1200-14-1-.05, continued)

- (b) Administrators of Clinics: Including primary care, free standing, “free”, and community based. Regulations .02 and .03 are hereby made applicable to administrators of such clinics in reference to the reporting of notifiable diseases seen in their clinics. Administrators of such clinics shall be equally responsible for the report of these diseases as the attending physician.
- (c) Principals and Teachers: Principals and teachers of public and private schools must report all known or suspected cases of communicable diseases occurring among pupils and staff.
- (d) Summer Camps: The owner or manager of summer camps must report immediately any case or suspected case of communicable disease occurring among campers.
- (e) Institutions, Jails, and Prisons: The managing officers of all public and private institutions, jails, and prisons must report all cases or suspected cases of communicable diseases.
- (f) Home deliveries: Any person assisting with a home-delivery must report within six hours of discovery any cases of inflamed eyes in babies whom they have attended.
- (g) Diagnostic Laboratory Directors: Diagnostic Laboratory Directors have the same responsibility as physicians in regard to reporting notifiable disease by telephone and in writing. Diseases listed in section .02 are notifiable whenever the result of a laboratory test identifies the organism or shows the recent presence of the organism responsible for the disease or when the results require further investigation to determine the presence or absence of the suspect disease. Such directors shall keep records-that shall be available to laboratory licensing inspectors showing that this provision of these regulations is carried out.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987, effective June 4, 1987.

1200-14-1-.06 DUTIES OF PHYSICIANS.

- (1) It shall be the duty of the attending physician, immediately upon discovering a case or suspected case of communicable disease to inform the head of the household and appropriate healthcare facility personnel of this fact and to instruct these persons of such isolation of the patient and concurrent disinfection as may be necessary to prevent spread of the infection. It shall be the duty of persons so informed to comply with such instructions unless otherwise instructed by the local health officer or his authorized agent. Provided, this regulation shall be construed to mean that only a physician, or other person/or persons duly authorized by applicable state law, has the authority to establish quarantine, or isolation, or remove established quarantine or isolation restrictions for communicable diseases.
- (2) It shall be the duty of physicians to comply with disease control measures established by the Department to contain and control disease outbreaks that threaten the public health.

Authority: §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.07 REPEALED.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed January 11, 1994; effective March 27, 1994.

1200-14-1-.08 TUBERCULOSIS CASES RESTRICTED.

- (1) Any person declared to have tuberculosis in an infectious stage shall be prohibited from working in any place of employment where contact with other persons would constitute a public health hazard. Any owner or manager of any such establishment having knowledge or suspecting an employee or prospective employee of having this disease in an infectious stage shall not employ or continue to employ any such person or persons until the absence or noninfectiousness or the negligible likelihood of transmission of the suspected disease has been determined and certified by a physician holding an unlimited license to practice medicine in this State. Provided, however, that such certification must be acceptable to the local health officer, who, through State of local facilities, may require a physical, laboratory and/or x-ray examination without cost to the patient to determine the disease status.
- (2) Any person declared to have tuberculosis in an infectious stage shall be prohibited from teaching or otherwise working in, or attending any private or public school. Any superintendent, principal, or teacher having knowledge of or suspecting a student or teacher of having tuberculosis in an infectious stage shall prohibit the attendance of such person or persons at a school until the absence or noninfectiousness of the suspected disease has been determined and certified to by a physician holding an unlimited license to practice medicine in this State. Provided, however, that such certification must be acceptable to the local health officer in the same manner and under the same conditions as stated in Part (1) of this Section.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.09 PERSONS ADMITTED TO HOSPITALS OR NURSING HOMES DESIGNATED TO ACCEPT STATE-SPONSORED TUBERCULOSIS PATIENTS.

All state-sponsored patients admitted to these hospitals shall be pre-authorized and be approved by a designated representative of the Department.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.10 SCOPE OF PAYMENT FOR TUBERCULOSIS PATIENTS.

Payment for services rendered to approved tuberculosis patients, subject to the availability of funds and current Departmental policy, will be made only after the provider has made a reasonable effort to collect from third parties, either governmental provider has made a reasonable effort to collect from third parties, either governmental or private, as well as the individual or the person legally responsible for the debts of the patient. The Commissioner or his designee may utilize the definition of a person medically indigent as defined in these Regulations, in making the decision for whom the Division of Tuberculosis Control of the Tennessee Department of Health will expend funds.

Authority: T.C.A. §68-9-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.11 INFECTIOUS TUBERCULOSIS.

Patients are considered infectious as long as the specific causative organisms are discharged unless the patient has been on anti-tuberculous drugs for a sufficient length of time to be considered non-infectious by the attending physicians.

Authority: T.C.A. §68-9-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1.12 REPEALED.

Authority: T.C.A. §68-9-104. *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

1200-14-1.13 PERSONS ELIGIBLE FOR IN-PATIENT AND OUT-PATIENT SERVICES.

Those persons with or suspected of having infectious tuberculosis now living in Tennessee are considered residents of Tennessee and are, therefore, eligible for services under this program.

Authority: T.C.A. §68-9-104(a). *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1.14 PERSONS WITH LEGAL RESIDENCE OUTSIDE OF TENNESSEE.

Those persons with a legal residency outside the State of Tennessee and known to have infectious tuberculosis may be admitted temporarily to an approved hospital and receive other tuberculosis services to protect the public health of the citizens of the State of Tennessee.

Authority: T.C.A. §68-9-104(a). *Administrative History:* Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1.15 GENERAL MEASURES FOR THE EFFECTIVE CONTROL OF DISEASE OUTBREAKS.

- (1) It shall be the duty of the local health officer or the Commissioner or his designated representative, on receiving a report of a communicable disease, or of a suspected epidemic of disease or of a suspected case of a disease of public health significance to:
 - (a) Confer with the physician, laboratory, hospital, or person making the report;
 - (b) Collect such specimens for laboratory examination as may be necessary to confirm the diagnosis of the disease and/or to find the source of the infection or the epidemic;
 - (c) Obtain all names and information necessary to identify and contact all persons potentially exposed to the source of the disease outbreak as needed to protect the public health;
 - (d) Make a complete epidemiological investigation to include (but not limited to): review of appropriate medical and laboratory records of affected persons and controls, interviews of affected persons and controls, and recording of the findings on a communicable disease field record; and
 - (e) Establish appropriate control measures which may include examination, treatment, isolation, quarantine, exclusion, disinfection, immunization, disease surveillance, closure of establishment, education, and other measures considered appropriate by medical experts for the protection of the public's health.
- (2) Medical and relevant non-medical records and information shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a disease under these regulations. The original records shall not be removed from the facility and any information obtained shall be treated as confidential and sensitive.
- (3) For the purpose of this section, appropriate medical experts shall mean the latest edition of the Report of the Committee on Infectious Diseases of the American Academy of Pediatrics or the Control of Communicable Diseases Manual by the American Public Health Association (latest edition). Consideration will also be given to recommendations of the Advisory Committee on Immunization

(Rule 1200-14-1-.15, continued)

Practices (ACIP) and other current recommendations issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Additionally, information provided directly from the Department by the Division of Communicable Disease Control or the Division of Tuberculosis Control shall be considered appropriate control measures for the protection of public health and may be used instead of the other cited references.

- (4) Access to information necessary for the effective control of diseases: In the event an entity or person does not cooperate with the local health officer, Commissioner, or his designated representative by providing records or other information necessary to carry out the purposes of these Rules and/or 1200-14-4 et seq., the local health officer, the Commissioner or his designated representative may petition the General Sessions Court where the person or entity resides, is found, or is located to obtain a court order requiring disclosure of such information. Such petition shall set forth the specific underlying facts and/or circumstances that demonstrate the information sought is necessary to carry out the purposes of these Rules and/or 1200-14-4-.01 et seq.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.16 MINIMUM PERIODS OF COMMUNICABILITY.

For the purpose of these regulations, the minimum periods of communicability for clinical or inapparent (subclinical) cases of the diseases named in these regulations shall be determined by the Commissioner, or his designated representative, using guidance in current resources named in section. 15(3) and/or from medical consultants within the Department. The period of communicability of a specific disease shall be observed by local health officers in controlling spread of the disease and shall run from the onset of the earliest symptoms or laboratory evidence of an infectious state until the use of medications and/or laboratory tests and/or the course of the disease indicates that the person is no longer able to transmit the infection.

Authority: T.C.A. §68-5-104(q). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.17 CONFIDENTIALITY.

All individually identifiable health information collected, created, and/or prepared by the Department is deemed confidential and shall not be considered a public record. The Department may disclose such information to those entities or persons as are necessary to carry out the purposes of these Rules and 1200-14-4-.01 et seq. or as otherwise authorized or required by law.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed January 11, 1994; effective March 27, 1994. New rule filed March 30, 2004; effective July 29, 2004.

1200-14-1-.18 REPEALED.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

1200-14-1-.19 REPEALED.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

1200-14-1.20 CONCURRENT DISINFECTIONS.

It shall be the duty of the local health officer to give detailed instructions to the nurses or other persons caring for a case of communicable disease which has been officially isolated or quarantined in regard to the disinfection and disposal of all articles contaminated directly or indirectly by contact with the patient; it shall be the duty of the nurse or attendant and head of the household faithfully to carry out such disinfection throughout the communicable period of the disease.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1.21 TERMINAL DISINFECTION.

It shall be the duty of the local health officer, prior to the release from official isolation or quarantine of any case of communicable disease, to have instituted such terminal disinfection and cleansing measures as he may deem necessary. Terminal disinfection shall in no case be a substitute for concurrent disinfection throughout the course of the disease.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1.22 SALE OF MILK AND MILK PRODUCTS FORBIDDEN IN CERTAIN CASES.

- (1) When a case of cholera, diphtheria, hepatitis type A, poliomyelitis, salmonellosis (including typhoid fever), shigellosis, campylobacteriosis, acute giardiasis, streptococcal infection, or a carrier of salmonella or shigella exists or resides on any farm or dairy producing milk, cream, butter, cheese, or other milk products, the local health officer:
 - (a) may prohibit the removal or sale of these products from such farm or dairy unless the handling or processing of the products be done in a manner which will preclude the possibility of contamination or the case is no longer considered infectious;
 - (b) shall, if potentially contaminated products are being sold or consumed in another health jurisdiction, immediately report the situation to the local health officer concerned. Giving necessary information regarding the disease and the name and location of such farm or dairy and the place where these products are sold or consumed.

Authority: T.C.A. §68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1.23 EMPLOYMENT AS A FOODHANDLER RESTRICTED IN CERTAIN CASES.

No person who is in an infectious stage with cholera, diphtheria, hepatitis type A, poliomyelitis, salmonellosis (including typhoid fever), shigellosis, campylobacteriosis, acute giardiasis or streptococcal infection shall serve or directly handle in any manner food intended for sale or public consumption.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.24 EXCLUSION FROM SCHOOL FOR SPECIAL DISEASES.

It shall be the duty of the school authorities for any public, private, or church-related school and day care or Head Start authorities to exclude from their facilities any child who is infected with or suspected of having the following diseases: measles, rubella, mumps, chickenpox, pediculosis, scabies, and other illnesses designated by the local health officer as requiring exclusion.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.25 LOCAL AUTHORITIES MAY MAKE ADDITIONAL REQUIREMENTS.

These regulations shall be considered the minimum requirements for the prevention and control of communicable diseases. Municipalities and local boards of health are authorized to make and enforce such additional ordinances, rules or regulations as they deem necessary and as herein set forth shall be enforced.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-.26 OBSTRUCTING LOCAL HEALTH OFFICERS OR DEPARTMENTAL REPRESENTATIVES.

No person shall interfere with or obstruct the entrance into any house or premises, or the inspection, examination, or interview of any occupant thereof or the examination of any relevant record, by the responsible health officer, his duly authorized agent or a representative of the Department in the proper discharge of his or her official duties under these Rules and 1200-14-4 et seq.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.27 ENFORCEMENT.

It shall be the duty of all local health authorities to obey and enforce the provisions of these regulations. Whenever any local health authority willfully neglects, fails, or refuses to comply with the provisions of these regulations, and it is apparent that an epidemic of a communicable disease exists or threatens to invade other jurisdictions, it shall be the duty of the Department to carry out the provisions of the law in such municipality or county, and the necessary expenses incurred thereby shall be paid by the respective municipality or county as prescribed by law.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.28 THE TREATMENT OF THE EYES OF NEWBORN INFANTS.

- (1) In accordance with the provisions of T.C.A. §§68-5-201 and 68-5-202, the Department hereby designates and approves any of the following agents as a standard prophylactic against ophthalmia neonatorum When administered in accordance with the manufacturer's instructions:

Silver nitrate 1% (one percent) aqueous solution
Erythromycin ophthalmic ointment
Tetracycline ophthalmic ointment
Tetracycline ophthalmic suspension

(Rule 1200-14-1-.28, continued)

- (2) The prophylactic shall be given using one of the appropriate agents designated in this rule as soon as practical after the birth of the infant but always within one hour. Silver nitrate is effective in preventing gonococcal infections but does not prevent chlamydial disease and frequently causes chemical conjunctivitis. Erythromycin and tetracycline are effective in preventing both gonococcal and chlamydial ophthalmia and do not cause chemical conjunctivitis. However, the topical use of these drugs does not prevent nasopharyngeal chlamydial infection or pneumonia. Silver nitrate - 1% (one percent) is the product least likely to be adversely affected by extended storage and varying temperatures.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-1-.29 IMMUNIZATION AGAINST CERTAIN DISEASES PRIOR TO SCHOOL ATTENDANCE IN TENNESSEE.

- (1) No person shall be permitted to attend any nursery school, day care center, Head Start center, Kindergarten, or other pre-school, day care or grades kindergarten through twelve of any public, private, or church related school until proof of adequate immunization against diphtheria, measles (rubeola), pertussis (whooping cough), poliomyelitis, rubella, mumps and tetanus is presented to the admissions officer of the school (unless otherwise exempted as provided by law). It shall be the duty of the school to enforce the provisions of this regulation, subject to the exemptions as set out in T.C.A. §49-6-5001(b).
- (2) The state and county health departments are authorized to provide proof of immunization to the admissions officer of any school in the state of Tennessee. For the purpose of this subsection, the term school shall include nursery schools, kindergartens, other pre-schools, day care centers and facilities, after school day care facilities, grades kindergarten through twelve of any public, private or church-related schools, vocational schools, technical schools, colleges and universities in the state of Tennessee. The Commissioner has further determined that in order to more efficiently bring about compliance with the immunization law, the state and county health departments are further authorized to provide proof of immunization to physicians who are evaluating a school-aged patient's immunization status.
- (3)
 - (a) Effective July 1, 1998, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for admission into grades kindergarten, four, eight, and twelve.
 - (b) Effective July 1, 2001, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for attendance in grades kindergarten through twelve.
- (4) Effective May 1, 1999, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for full-time students, defined as students taking 12 hours or more of academic credits or other hours as defined as full-time by institutional policy, at all universities and colleges with an enrollment greater than two hundred students.
- (5) Effective July 1, 1999, proof of adequate immunization against Hepatitis B will be required prior to entry into kindergarten.
- (6) Effective September 1, 1999, for all children born on or after September 1, 1998, proof of adequate immunization against varicella, or a history of varicella illness, will be required for attendance in licensed child care facilities.

(Rule 1200-14-1-.29, continued)

- (7) Reserved
- (8) Effective July 1, 2002, proof of immunization against varicella, or a history of the disease provided by a parent or physician, will be required prior to entry into kindergarten.
- (9) Effective July 1, 2002, proof of adequate immunization against Hepatitis B will be required prior to entry into the seventh grade.

Authority: T.C.A. §§4-5-202, 49-6-5001, 49-6-5002(a), 49-6-5003, 68-1-103, 68-5-103 and 68-5-105(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed April 21, 1988; effective June 5, 1998. Amendment filed June 8, 1990; effective July 23, 1990. Amendment filed August 26, 1998; effective November 9, 1998. Amendment filed July 29, 1999; effective October 9, 1999. Amendment filed July 10, 2001; effective September 23, 2001. Withdrawal filed September 21, 2001, 1200-14-1-.29(7).

1200-14-1-.30 RABIES.

The definition of “dog,” “cat,” “owner,” and “vaccination” as defined in T.C.A. §68-8-102, shall be applicable in these regulations.

Authority: T.C.A. §68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.31 PUBLIC RABIES VACCINATION CLINICS.

It shall be the duty of each local health department to provide vaccination of dogs and cats against rabies. In addition to the registration fee as provided for in Section 68-4, Tennessee Code Annotated, dog and cat owners may be required to pay the cost for each dog and cat vaccinated, which shall include the cost of the vaccine and the services for the vaccination. Nothing herein shall be construed as not permitting a veterinarian to charge his regular fee outside of health department sponsored vaccination clinics.

Authority: T.C.A. §68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.32 AUTHORIZED RABIES VACCINE SOURCES AND TYPES.

It shall be the duty of any person authorized to vaccinate dogs and cats to select and properly use a rabies vaccine of either a killed virus or modified live virus tissue culture type which is licensed by and in accordance with the standards prescribed by the United States Department of Agriculture for interstate sale and use. To insure proper vaccination and to provide proof of current vaccination status, T.C.A. 68-8 requires that all rabies vaccinations be given by or under the direct supervision of a veterinarian licensed in the State. It shall be prohibited to sell rabies vaccine for use in dogs and cats to persons other than licensed veterinarians unless the purchaser possesses a prescription for the vaccine from a veterinarian duly licensed in Tennessee. These regulations apply only to the rabies vaccinations of domestic dogs and cats. The most recent Compendium of Animal Rabies Vaccines published by the Association of State Public Health Veterinarians shall be used as a guideline by public health officials and veterinarians for the selection of approved rabies vaccines and their appropriate use (site and route of inoculation, duration of immunity, species application, etc.). A State-furnished rabies vaccination tag and certificate shall be issued to every owner whose dog or cat is vaccinated and a copy of the certificate provided by the veterinarian to the local health department.

Authority: T.C.A. §68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.33 RABIES VACCINATION SCHEDULE OF DOGS AND CATS.

It shall be the duty of every owner to have his dog or cat vaccinated against rabies after the dog reaches three months of age, the cat six months of age. Regardless of the type of licensed vaccine used or the age of the animal at the time of the first (primary) vaccination, the animal shall be revaccinated one year later. Following the first two vaccinations, booster vaccinations will be due at either one or three year intervals in accordance with the approved duration of immunity of the specific vaccine used and the species vaccinated. The required due date for revaccination shall be placed on the certificate by the veterinarian administering the vaccine. As part of their registration and rabies control programs, local jurisdictions may have more stringent requirements, such as annual rabies vaccinations regardless of vaccine type used. For purposes of animal control programs and medical decisions regarding human anti-rabies treatments, a dog or cat shall be considered currently vaccinated only if a valid certificate exists and the revaccination date on the certificate has not been reached.

Authority: T.C.A. §68-4-405. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.34 RABIES VACCINATION CERTIFICATE.

The current vaccination certificate identifying the animal, the vaccine used, the due date for revaccination and other information as required in T.C.A. §68-8-104 shall be kept by the person who owns, keeps or harbors the said dog or cat at all times subject to the inspection of the proper county officer. Copies of the current certificate shall also be kept by the local health department and by the veterinarian administering the vaccine.

Authority: T.C.A. §68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-1-.35 TURTLES, TORTOISES, AND TERRAPINS.

- (1) "Turtle" means any reptile of the order Chelonia.
- (2) "Institution" means a school, college, university, research laboratory or other facility having a bonafide research or teaching interest in turtles. Zoos supported by public funds are also defined as "institutions".

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-.36 SALE OF TURTLES PROHIBITED.

It shall be unlawful for a person to sell, barter, exchange or otherwise transfer any turtle as a pet; or to import or cause to be imported any type of turtle in the State of Tennessee for such purposes.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-102 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-.37 SALE OF TURTLES FOR SCIENTIFIC, EDUCATIONAL, OR FOOD PURPOSES EXEMPTED.

Rule 1200-14-1-.36 does not apply to the sale of turtles to institutions for scientific or educational purposes, nor to the sale of turtles for food purposes.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-38 SALE OF TURTLES OUTSIDE OF TENNESSEE EXEMPTED.

Wholesale establishments in Tennessee dealing in the sale of turtles shall not be prohibited from selling turtles to other wholesale or retail establishments outside of the State of Tennessee.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-102 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-39 REPEAL OF THE CONFLICTING REGULATIONS.

All rules, regulations, and by-law of the State Department of Public Health previously adopted which are in conflict with the provisions of these regulations are hereby repealed.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-40 VALIDATION AND ENDORSEMENT OF REGULATIONS.

If for any reason regulation or part of a regulation shall be held to be unconstitutional or invalid, then that fact shall not invalidate any other part of these regulations, but the same shall be enforced without reference to the part so held to be invalid.

Authority: T.C.A. §§49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-1-41 REPORTS OF SEXUALLY TRANSMITTED DISEASES.

- (1) The following diseases are declared to be sexually transmitted diseases and, upon their diagnosis or treatment, are subject to reporting requirements as designated in T.C.A. 68-10-101.
 - (a) Acquired Immune Deficiency Syndrome (AIDS)'
 - (b) Gonorrhea'
 - (c) Syphilis (by stage)'
 - (d) Chlamydia trachomatis '
 - (e) Human Immunodeficiency Virus (HIV)'
 - (f) Hepatitis B Virus (HBV)'

' Confidential (opaque envelope) report required
- (2) All information and reports concerning persons infected with sexually transmitted diseases shall be confidential and shall be inaccessible to the public.
- (3) In accordance with T.C.A. §37-1-403, any physician or other person diagnosing or treating venereal herpes or any of these reportable sexually transmitted diseases in a child 13 years of age or younger should make a confidential written report of the case to the Department.

Authority: T.C.A. §§4-5-202, 37-1-403(G), 68-1-103, 68-1-106, 68-10-101, 68-10-112, 68-10-113, and 68-29-107. **Administrative History:** Original Rule filed April 20, 1987; effective June 4, 1987. Amendment filed December 16, 1991; effective January 30, 1992. Amendment filed March 31, 2000; effective June 14, 2000.

1200-14-1-.42 REPORTS OF BLOOD LEAD LEVELS.

- (1) All laboratories that run blood lead tests for Tennessee residents, including approved laboratories and all laboratories certified by the U. S. Department of Health and Human Services in accordance with the provisions of the Clinical Laboratory Improvement Amendment of 1988 (CLIA), shall report the following information to the Tennessee Department of Health, Division of Environmental Epidemiology for each blood lead level test run in the laboratory. Additional data elements may be required to insure that all elements recommended by the CDC to be included in the priority data set for lead are reported by the laboratories.

Name of Patient

Address of Patient (Street Address plus City, State, Zip Code and County of Residence)

Date of Birth of Patient

Sex of Patient

Race of Patient

Measured Blood Lead Level

Name of Referring Physician

Date Sample was Drawn

Date Sample was Analyzed by Lab

Date Results were Reported to Physician

- (2) The medical director of all laboratories required to report blood lead tests will designate one staff member as the contact person for the Department of Health. This contact person will be responsible for reporting the required blood lead data to the department. Any change in the contact person shall be reported in writing to the Department within one week of the effective date of the change.
- (3) Reports shall be filed monthly and shall be provided to the Department no later than 15 days following the end of the month. For example, reports for the month of January shall be provided to the Department on or before February 15.
- (4) The Department shall prescribe the form of the information reported by the laboratories. Reports may be provided on Department-compatible electronic media, on computer generated reports in a format approved by the Department, or on the blood lead level report form provided by the Department.
- (5) It shall be the responsibility of the medical director of the laboratory to insure that the reports are provided to the State in accordance with the schedule in these regulations.
- (6) It shall be the duty of any physician who has received a blood lead result with a level of 10 ug/dL (or the most current level of concern for blood lead prescribed by CDC) to provide the following information to the Tennessee Department of Health about the patient with a blood lead level of 10 ug/dL or greater. This information shall be provided within one week of receipt of the test results from the laboratory.

Name of Patient

Address of Patient (Street Address plus City, State, Zip Code and County of Residence)

Date of Birth of Patient

Sex of Patient

Race of Patient

Measured Blood Lead Level

Name of Reporting Physician

Date Sample was Drawn

Date Sample was Analyzed by Lab

Date Results were Received by Physician

Ethnic Origin of Child

Sample Type

(Rule 1200-14-1-.42, continued)

- Test Reason
 - Payment Source for the Test
 - Was Patient Chelated
 - Type of Chelation
 - Suspected Source of Lead Exposure
 - Referral for Address Investigation
- (7) If the physician fails to report the data for a patient that has been reported to the department by the laboratory that ran the blood lead test, the Department shall request the information for the specific patient from the referring physician and the physician shall provide the requested data to the Department.
- (8) The Department shall provide definitions of each data element and the appropriate range of responses and shall prescribe the form and content of the lead data to be provided by physicians.

Authority: T.C.A. §§4-5-202, 68-1-103 and 68-1-104. **Administrative History:** Original rule filed July 10, 1995; effective November 28, 1995.